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PTO/SB/22 (10-00)

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|---|---|------------------------------------|--|--|
| | PETITION FOR EXTENSION OF | | Docket Number (Optional) 3073 | |
| | | In re Application of Clark Becker | | |
| | | Application Number 10/799,096 | Filed 03/12/2004 | |
| | | For Multi-Portal Speed Pass System | | |
| | | Group Art Unit 2876 | Examiner Uyen Chau N. Le | |
| | This is a request under the provisions of reply in the above identified application. | | <u></u> | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| | One month (37 CFR 1.17(a) | (1)) | \$ | |
| | Two months (37 CFR 1.17(a |)(2)) | \$ | |
| | ✓ Three months (37 CFR 1.17(a)(3)) | | \$ <u>1020.00</u> | |
| | Four months (37 CFR 1.17(a)(4)) | | \$ | |
| | Five months (37 CFR 1.17(a)(5)) | | | |
| | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown | | | |
| | above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. | | | |
| | | | | |
| | Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this | | | |
| | application to a Deposit Account. | application to a Deposit Account. | | |
| | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500-246. I have enclosed a duplicate copy of this sheet. | | | |
| | I am the applicant/inventor | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| | attorney or agent of record. | | | |
| | attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 34,437 | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| | 3/23/05 | Stephen | i Mame | |
| | Date POLITE1 00000008 10799096 | Signa | iture / / | |
| | 1020.00 OP | Stephanie J. James Typed | s I or printed name | |
| | | 71 | | |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| | Total offorms are submitted. | | | |